

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Sumner
 Township Frederick
 City Frederick (No. 5403)

Registration District No. 284
 Primary Registration District No. 4168

File No. 37575

Registered No. 21
 St. Frederick Ward 1

2. FULL NAME

(a) Residence, No. George Spores
 (Usual place of abode)

St. Frederick Ward 1

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if of foreign birth? 2 yrs. 4 mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
13 4 12 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) Craighead Co Ark
 (STATE OR COUNTRY)

13. NAME Jno Spores

14. BIRTHPLACE (CITY OR TOWN) Camden Co Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Harmon

16. BIRTHPLACE (CITY OR TOWN) Stoddard Co Mo
 (STATE OR COUNTRY)

17. INFORMANT Joe Pemberton
 (ADDRESS) Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Standfield Mo DATE 10-18, 1937

19. UNDERTAKER Charles E. Fenn, Parla
 (ADDRESS) Campbell Mo

20. FILED 10/18, 1937 J. A. Starnes
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1937, to 10-17, 1937

I last saw him alive on 10-17, 1937. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Tetanus Date of onset 10-14

Other contributory causes of importance:

Leg injured by duck harrow 10-9

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, outside, or homicide? — Date of injury 10-9, 1937

Where did injury occur? on farm Sumner Co
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell from duck harrowNature of injury Blade cut 4 in. in R. leg.24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify machinery and myles shod

(Signed) C. B. Starnes, M. D.(Address) Clarkton Mo

